

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN NORTHERN DIVISION (BAY CITY)**

In the Matter of:

Daniel J Dice,

Case No. 15-21022

Chapter 13 Proceeding

Honorable Daniel S. Opperman

Debtor(s) /

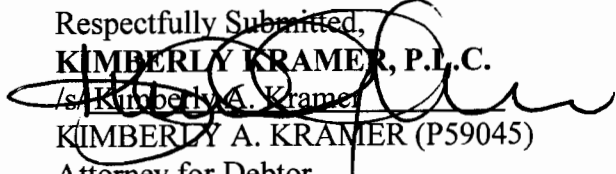
OBJECTION TO PROOF OF CLAIM 6

NOW COMES the debtor, Daniel J Dice, by and through his counsel, Kimberly Kramer, P.L.C., by Kimberly A. Kramer, and for his Objection states as follows:

1. That Michigan Department of Treasury filed Proof of Claim 6 on September 29, 2015 alleging 2014 tax due in the amount of \$182.00; (Exhibit "A")
2. That debtor's 2014 State of Michigan income tax return shows \$35.00 due; (Exhibit "B")
3. That a proposed Order is attached; (Exhibit "C")

WHEREFORE, debtor respectfully requests this Honorable Court sustain his Objection and limit Proof of Claim 6 to \$734.00.

Dated: September 30, 2015

Respectfully Submitted,
KIMBERLY KRAMER, P.L.C.

KIMBERLY A. KRAMER (P59045)
Attorney for Debtor
916 Washington Avenue, Suite 320
Bay City, MI 48708
(989) 671-4333
Kimberlykramerplc@sbcglobal.net

A

UNITED STATES BANKRUPTCY COURT DISTRICT OF EASTERN MICHIGAN		PROOF OF CLAIM						
Name of Debtor: DANIEL J DICE 381 W CENTER SANFORD, MI. 48657	Case Number: 15-21022 DOB	<i>Schedule E attached</i> <i>13 + 14 ptns attached</i>						
<small>NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.</small>		<div style="text-align: center; font-weight: bold; font-size: 0.8em;">COURT USE ONLY</div> <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ <i>(if known)</i> Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.						
Name of Creditor (the person or other entity to whom the debtor owes money or property): Michigan Department of Treasury								
Name and address where notices should be sent: Michigan Department of Treasury Bankruptcy Unit P.O. Box 30168 Lansing, MI 48909 Telephone number: (517) 241-5002 email: N/A								
Name and address where payment should be sent (if different from above): Michigan Department of Treasury/Revenue/AG P.O. Box 30456 Lansing, MI 48909-7955 Telephone number: (517) 241-5002 email: N/A								
1. Amount of Claim as of Date Case Filed: \$ <u>1,058.30</u> <small>If all or part of the claim is secured, complete item 4.</small> <small>If all or part of the claim is entitled to priority, complete item 5.</small> <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.								
2. Basis for Claim: Tax <small>(See instruction #2)</small>								
3. Last four digits of any number by which creditor identifies debtor: 6857	3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a)</small>	3b. Uniform Claim Identifier (optional): _____ <small>(See instruction #3b)</small>						
4. Secured Claim (See instruction #4) <small>Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</small> Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <small>Describe:</small> Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small> Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____								
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.								
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(). </td> </tr> </table>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)().
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).						
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)().						
<div style="text-align: right;"> Amount entitled to priority: \$883.55 <i>#699.</i> </div>								
<small>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>								
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)								

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☐ I am the creditor. ☒ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent.
(See Bankruptcy Rule 3004.)

☐ I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: SANDRA BRAUN

Title: Departmental Technician


Company: Michigan Department of Treasury

Address and telephone number (if different from notice address above):

P.O. Box 30168

Lansing, MI 48909

Telephone number: (517) 241-5002 email: N/A


(Signature)

9/29/2015
(Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

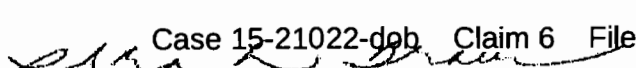
Michigan Department of Treasury 4265 (11-04)	60378808	Case Number: 15-21022 DOB	Page 1 of 1 10729354
Sworn Summary Issued under federal code, Title XI Type of Claim: Priority Original		Taxpayer Identification: 6857	Attorney General:

DANIEL J DICE 381 W CENTER SANFORD, MI. 48657	Other Identification: S6857
---	--------------------------------

Assessment Number	Debt Code	Assessment Date	Account ID	Tax Period	*If Est	Tax Deficiency	Penalty	Interest
UL04337	IIT	07/03/15	S6857	1/1/2013 - 12/31/2013		\$664.00	\$0.00	\$35.03
UM28135	IIT	10/01/15	S6857	1/1/2014 - 12/31/2014		* \$182.00	\$0.00	\$2.52
						\$846.00	\$0.00	\$37.55

Debt Codes: IIT - INCOME TAX	TOTAL CLAIM	\$883.55
<p>* An asterisk in this column indicates that tax liability is estimated based on the best information available since actual returns have not been filed. This claim will be adjusted when actual returns are filed.</p>		

SANDRA BRAUN _____ being duly sworn, deposes and says (s)he is authorized to act for the Department of Treasury and, to the best of her/his knowledge and belief, the defendant is indebted to the State of Michigan in this amount.

Signature:  Date: 09/29/2015

Case 15-21022-dob Claim 6 Filed 09/29/15 Page 3 of 4

Michigan Department of Treasury
4265 (11-04)

50376808

Case Number:

15-21022 DOB

Page 1 of 1

10729354

Sworn Summary

Issued under federal code, Title XI

Type of Claim: Unsecured
Original

Taxpayer Identification:

6857

Attorney General:

DANIEL J DICE

381 W CENTER

SANFORD, MI. 48657

Other Identification:

S6857

Assessment Number	Debt Code	Assessment Date	Account ID	Tax Period	*If Est	Tax Deficiency	Penalty	Interest
UL04337	IIT	07/03/15	S6857	1/1/2013 - 12/31/2013		\$0.00	\$166.00	\$0.00
UM28135	IIT	10/01/15	S6857	1/1/2014 - 12/31/2014		\$0.00	\$8.75	\$0.00

Debt Codes:

IIT - INCOME TAX

\$0.00

\$174.75

\$0.00

**TOTAL
CLAIM**

\$174.75

* An asterisk in this column indicates that tax liability is estimated based on the best information available since actual returns have not been filed. This claim will be adjusted when actual returns are filed.

SANDRA BRAUN

being duly sworn, deposes and says (s)he is authorized to act for the Department of Treasury and, to the best of her/his knowledge and belief, the defendant is indebted to the State of Michigan in this amount.

Signature

Date: 09/29/2015

Case 15-21022-dob Claim 6 Filed 09/29/15 Page 4 of 4

2014 MICHIGAN Individual Income Tax Return MI-1040**Return is due April 15, 2015.**

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0147

1. Filer's First Name DANIEL	M.I. J	Last Name DICE, III	2. Filer's Full Social Security No. (Example: 123-45-6789) 6857
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
Home Address (Number, Street, or P.O. Box) 381 W. CENTER ST.			4. School District Code (5 digits - see page 60) 56050
City or Town SANFORD	State MI	ZIP Code 48657	

5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse	6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.
7. 2014 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 200px;"></div>	8. 2014 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident* c. <input type="checkbox"/> Part-Year Resident* * If you check box "b" or "c," you must complete and attach Schedule NR.

9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

a. Number of exemptions claimed on 2014 federal return.....	9a. <input type="text" value="1"/>	x \$4,000	9a. <input type="text" value="4000"/>	<input type="text" value="00"/>
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b. <input type="text"/>	x \$2,500	9b. <input type="text"/>	<input type="text" value="00"/>
c. Number of qualified disabled veterans	9c. <input type="text"/>	x \$400	9c. <input type="text"/>	<input type="text" value="00"/>
d. Claimed as dependent, see line 9 NOTE above	9d. <input type="checkbox"/>		9d. <input type="text"/>	<input type="text" value="00"/>
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15	9e. <input type="text" value="4000"/>		9e. <input type="text" value="4000"/>	<input type="text" value="00"/>

10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....	10. <input type="text" value="12232"/>	<input type="text" value="00"/>
11. Additions from Schedule 1, line 9. Attach Schedule 1	11. <input type="text" value="930"/>	<input type="text" value="00"/>
12. Total. Add lines 10 and 11	12. <input type="text" value="13162"/>	<input type="text" value="00"/>
13. Subtractions from Schedule 1, line 27. Attach Schedule 1	13. <input type="text"/>	<input type="text" value="00"/>
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14. <input type="text" value="13162"/>	<input type="text" value="00"/>
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19	15. <input type="text" value="4000"/>	<input type="text" value="00"/>
16. Taxable Income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16. <input type="text" value="9162"/>	<input type="text" value="00"/>
17. Tax. Multiply line 16 by 4.25% (0.0425)	17. <input type="text" value="389"/>	<input type="text" value="00"/>

NON-REFUNDABLE CREDITS

	AMOUNT	CREDIT
18. Income Tax Imposed by government units outside Michigan. Attach a copy of the return (see instructions)	18a. <input type="text" value="00"/>	18b. <input type="text" value="00"/>
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions)	19a. <input type="text" value="00"/>	19b. <input type="text" value="00"/>
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"	20. <input type="text" value="389"/>	<input type="text" value="00"/>

REV 11/04/14 TTO

+ 1555 2014 05 01 27 5

Continue on page 2. This form cannot be processed if page 2 is not completed and attached.

Filer's Full Social Security Number

— 6857

21. Enter amount of Income Tax from line 20.....	21.	389	00
22. Voluntary Contributions from Form 4642, line 10. Attach Form 4642.....	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	389	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Attach MI-1040CR or MI-1040CR-2	25.	343	00
26. Farm Land Preservation Credit. Attach MI-1040CR-5.....	26.		00
27. a. Federal Earned Income Tax Credit.....	27a.	181	00
b. Michigan Earned Income Tax Credit. Multiply line 27a by 6% (0.06)	27b.	11	00
28. Michigan Historic Preservation Tax Credit (refundable). Attach Form 3581.....	28.		00
29. Michigan tax withheld from Schedule W, line 7. Attach Schedule W (do not submit W-2s).....	29.		00
30. Estimated tax, extension payments and 2013 credit forward.....	30.		00
31. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29 and 30	31.	354	00

REFUND OR TAX DUE

32. If line 31 is less than line 24, subtract line 31 from line 24. Include interest <input type="text"/> and penalty <input type="text"/> if applicable (see instr.) YOU OWE	32.	35	00
33. Overpayment. If line 31 is greater than line 24, subtract line 24 from line 31	33.		00
34. Credit Forward. Amount of line 33 to be credited to your 2015 estimated tax for your 2015 tax return ...	34.		00
35. Subtract line 34 from line 33..... REFUND	35.		00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account
		1. <input type="checkbox"/> Checking 2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2013, enter dates below.
ENTER DATE OF DEATH ONLY. Example: 04-15-2014 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Business Name (print or type)

SELF-PREPARED

Preparer's Business Address (print or type)

☐ By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**

Pay amount on line 32. Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

Make your check payable to "State of Michigan." Print the last four digits of your Social Security number and "2014 Income Tax" on the front of your check. If paying on behalf of another taxpayer, write the filer's name and the last four digits of their Social Security number on the check. Do not staple your check to the return. You can pay electronically using Michigan's e-Payments service. Keep a copy of your return and supporting schedules for six years. For more information and to check your refund status, have a copy of your MI-1040 available when you visit www.michigan.gov/it.

REV 11/04/14 TTO

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UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN NORTHERN DIVISION (BAY CITY)

In the Matter of:

Daniel J Dice,

Case No. 15-21022

Chapter 13 Proceeding

Honorable Daniel S. Opperman

Debtor(s) /

ORDER SUSTAINING OBJECTION TO PROOF OF CLAIM 6

THIS MATTER, having come before the Court on the Objections of the debtor to the claim of Michigan Department of Treasury, and this Court being otherwise fully advised in the premises.

NOW THEREFORE, IT IS HEREBY ORDERED that the debtor's objection to Michigan Department of Treasury's proof of claim 6 is sustained and proof of claim 6 is limited to \$734.00.

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN NORTHERN DIVISION (BAY CITY)**

In the Matter of:

Daniel J Dice,

Case No. 15-21022

Chapter 13 Proceeding

Honorable Daniel S. Opperman

Debtor(s) /

NOTICE OF OBJECTION TO PROOF OF CLAIM 6

Debtor has filed an objection to your claim in this bankruptcy case.

Your claim may be reduced, modified, or denied. You should read these papers carefully and discuss them with your attorney, if you have one.

If you do not want the court to deny or change your claim, then on or before November 12, 2015 you or your lawyer must:

- a. File with the court a written response to the objection, explaining your position at:

United States Bankruptcy Court
111 First Street
P.O. Box 911
Bay City, Michigan 48707

If you mail your response to the court for filing, you must mail it early enough so the court will receive it on or before the date stated above.

You must also mail a copy to:

Kimberly A. Kramer
Attorney for Debtors
916 Washington Ave., Ste. 320
Bay City, MI 48708
(989) 671-4333

Thomas W. McDonald, Jr.
Chapter 13 Trustee
3144 Davenport Avenue
Saginaw, MI 48602
(989) 672-6766

- b. Attend the hearing on the objection, scheduled to be held on **November 19, 2015 at 10:00 a.m.** at United States Bankruptcy Court, 111 First Street, Bay City, Michigan, unless your attendance is excused by mutual agreement between yourself and the objector's attorney. . (Unless the matter is disposed of summarily as a matter of law, the hearing shall be a pre-trial conference only; neither testimony nor other evidence will be received. A pre-trial scheduling order may be issued as a result of the pre-trial conference.)

If you or your attorney do not take these steps, the court may deem that you do not oppose the objection to your claim, in which even the hearing will be canceled, and the objection sustained.

Dated: September 30, 2015

Respectfully Submitted,
KIMBERLY KRAMER, P.L.C.
/s/ Kimberly A. Kramer
KIMBERLY A. KRAMER (P59045)
Attorney for Debtor
916 Washington Avenue, Suite 320
Bay City, MI 48708
(989) 671-4333
Kimberlykramerplc@sbcglobal.net

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN NORTHERN DIVISION (BAY CITY)**

In the Matter of:

Daniel J Dice,

Case No. 15-21022

Chapter 13 Proceeding

Honorable Daniel S. Opperman

Debtor(s) /

CERTIFICATE OF SERVICE

STATE OF MICHIGAN)
)SS.
COUNTY OF BAY)

The following entities were served by first class mail on September 30, 2015:

Michigan Department of Treasury, Bankruptcy Unit, PO Box 30168, Lansing, MI 48909;
Office of the U.S. Attorney, 101 First St., Ste. 200, Bay City, MI 48708;
Department of Justice, Tax Division, P.O. Box 55, Ben Franklin Station, Washington, DC 20044;
IRS, P.O. Box 330500, Mail Stop 15, Detroit, MI 48232-6500
Internal Revenue Service, P.O. Box 7346, Philadelphia, PA 19101-7346

The following entities were served by electronic transmission on September 30, 2015

Thomas W. McDonald, Jr. ecf@mcdonald13.org

I, Valerie E. Groulx, declare under the penalty of perjury that I have served the attached document on the above listed entities in the manner shown, and prepared the Certificate of Service and that it is true and correct to the best of my information and belief.

OBJECTION TO PROOF OF CLAIM 6

/s/ Valerie E. Groulx
VALERIE E. GROULX

PREPARED BY:
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